

## **Restore Preventative Dental**

- There are 27,100 adults in Idaho with disabilities or health care issues who are eligible for Medicaid but have no access to preventative and restorative dental coverage.
- Access to dental care is particularly important for vulnerable populations, for whom
  Medicaid is often the primary opportunity for dental coverage, as they often have the
  greatest need of dental care and the poorest access to oral health care services. It is
  particularly a problem for people with mental illness because of the aversive impact of
  prescribed psychotropic medications. 1-9
- Restoring this benefit has an estimated cost of \$1.48 million in state funds and \$3.4 million in federal funds for a total cost of \$4.9 million. This cost is based on the per member/per month cost for enrollment in Medicaid's managed dental health care plan.

Dental coverage was cut in 2011 and approximately 27, 100 adults lost coverage. Since then the Medicaid program's costs for dental related emergency room services have more than doubled from \$30,000 per month in 2011 to \$65,000 a month today.  $\frac{10}{2}$  In just one case, sepsis caused by an abscessed tooth resulted in \$300,000 in Medicaid costs that could have been avoided.

People may be able to forgo dental services for a short period of time. However, over time, (now three years), people are experiencing problems associated with not having exams, cleanings, and fillings. Often times individuals' who present with a dental issue have the tooth extracted or are sent home with temporary pain relief medication.

## We know...

- Prevention works and saves money
- Poverty is the largest barrier to accessing regular preventative dental care.
- Every person can benefit from access to a dentist to help maintain their teeth and overall health.
- Without Medicaid coverage, most people with disabilities and mental illness cannot afford regular preventative or restorative care.
- Lack of prevention has a cost to the person, their employer, their family, tax payers and the state.

Support House Bill 395 and restore access to preventative and restorative dental care to 27,100 Idahoans with disabilities.

- Neal T. Wallace, Matthew J. Carlson, David M. Mosen, John J. Snyder, and Bill J. Wright. The Individual and Program Impacts of Eliminating Medicaid Dental Benefits in the Oregon Health Plan. American Journal of Public Health: November 2011, Vol. 101, No. 11, pp. 2144-2150.
- 2. Oral health. In: Healthy People 2010: Understanding and Improving Health. 2nd ed. Washington, DC: US Dept of Health and Human Services; 2000:21.
- 3. Oral Health in America: A Report of the Surgeon General. Rockville, MD: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health; 2000. NIH publication 00-4713.
- National Center for Health Statistics. Third National and Nutrition Examination (NHANES III) reference manuals and reports [CD-ROM]. Hyattsville, MD: US Dept of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention; 1996.
- Health United States, 2006. Hyattsville, MD: US Dept of Health and Human Services, National Center for Health Statistics; 2006.
   DHHS publication (PHS) 2006-1232
- 6. National Center for Health Statistics. Preliminary data from the Centers for Disease Control and Prevention. Month Vital Stat Rep. 1997;46(1 suppl 2).
- 7. Survey Center. Key Dental Facts. Chicago, IL: American Dental Association; 1997.
- 8. CD Mueller, CL Schur, C Paramore. Access to dental care in the United States. J Am Dent Assoc. 1998;129(4):429–437.
- D. The Kaiser Commission: Key Facts Oral Health Access in the States: Selected Measures. Washington, D.C.; 2012.
- 10. Idaho Department of Health and Welfare.